The Commonwealth of Massachusetts
Executive Office of Public Safety and Security

Office of Grants & Research
Research and Policy Analysis Division
Ten Park Plaza, Suite 3720
Boston, Massachusetts 02116

Electronic Control Weapons (ECW) Use Reporting Form

Calendar Year 2015

Agency Name:		
Great Barrington		
Name of Chief, Commissioner, or Agency Head:	Name of Individual Completing Report:	
William R Walsh	Timothy Ullrich	
Contact Telephone:	Contact Email:	Date Submitted: *mm/dd/yyyy*
(413) 528-0306	tullrich@townofgb.org	01/27/2016

Semi-Annual Reporting Period	Time Period	Report Due Date
○ 1st	January 1, 2015 – June 30, 2015	July 31, 2015
◉ 2nd	July 1, 2015 – December 31, 2015	January 31, 2016

Important!

- **Collection of these data is authorized and required under MGL ch.170 sec. 2 of the Acts of 2004**
- EOPSS is mandated to publish these data annually. Annual reports are posted on the EOPSS website.
- Only provide information that reflects use of ECWs *during this semi-annual reporting period only*.
- Submit the completed report to ecw@MassMail.State.MA.US or fax it to Timothy Edson at 617.725.0260
- Contact Timothy Edson by phone (617.725.3352) or via email (ecw@MassMail.State.MA.US) with any questions or concerns.

PART I. AGENCY INFORMATION

1. How many sworn officers were in your department at the end of this reporting period? 21
   Include all part-time, full-time, reserve and other officers employed by your department.
2. How many sworn officers completed the approved training program for ECWs? 21
   Include all part-time, full-time, reserve and other officers employed by your department.
3. How many ECWs does your department own? 5
4. How many ECW involved *incidents* occurred during this reporting period? 4

- An *incident* is an event in which an officer issued a warning and/or deployed an ECW.
- **If no incidents occurred, report a value of zero (0) and submit contact page and page 1.** STOP

5. Were there any incidents in which a subject submitted to a warning of any type, but probes and/or stuns were still deployed on that subject?

   ○ Yes
   ◉ No

   a. If *Yes*, specify and provide brief explanation of details :

DEFINITIONS FOR SECTION II

Incident

- An event in which an officer issued a warning and/or deployed an ECW on a single subject.

Warning Type

- **Verbal warning** – any spoken words that would indicate to a subject that a Taser may be used. This warning can include:

    1) Any direct wording to a subject indicating or implying that a Taser will be used:

        Example: Holding Taser up and shouting, "Stop!"

    2) Any indirect wording that a subject may overhear indicating or implying that a Taser is about to be deployed.

        Example: A warning to other officers that a Taser is about to be deployed:

        "Taser, Taser, Taser"

- **Laser warning** - laser function of the ECW is utilized as a warning.
- **Spark warning** - spark function of the ECW is utilized as a warning.

Deployment Type

- Probe Deployment – the probe function of the ECW is utilized (includes follow-up drive stuns when a single probe is still attached).
- Stun Deployment – the drive stun function of the ECW is utilized.

Line number	1 **Incident Number**	2 **Weapon Serial Number**	3 **Weapon Color**	4 **Date of Incident**	5 **Warning**	6 **Verbal Warning**		7 **Laser Warning**		8 **Spark Warning**	
	List the incident number sequentially (1,2,3). *For incidents with more than one officer or subject use same incident number and chronological letter suffix.*	List the serial number of the ECW weapon that was involved.	Indicate the color of the ECW device.	List the date in which the ECW incident occurred. *mm/dd/yyyy*	Was a warning of any type given at any point during the incident? **Select: Yes or No** *If No, skip to question 9*	a. Was a verbal warning given? **Select: Yes or No** *If No, skip to question 7*	b. Did subject submit to verbal warning? **Select: Yes or No**	a.Was a laser warning given? **Select: Yes or No** *If No, skip to question 8*	b. Did subject submit to laser warning? **Select: Yes or No**	a. Was a spark warning given? **Select: Yes or No** *If No, skip to question 9*	b. Did subject submit to spark warning? **Select: Yes or No**
EX	*1*	*XX12345*	*Yellow*	*01/02/2015*	*Yes*	*Yes*	*No*	*No*		*No*	
EX	*1b*	*C23456*	*Black*	*01/01/2015*	*No*						
EX	*2*	*11234DE*	*Yellow*	*02/05/2015*	*Yes*	*No*		*Yes*	*Yes*	*Yes*	*Yes*
01	1	x13002e99	yellow	09/02/2015	No						
02	2	x1300097k	yellow	09/18/2015	Yes	Yes	No	No		No	
03	3	x1300097k	yellow	10/20/2015	Yes	Yes	No	No		No	
04	3b	x13000996	yellow	10/20/2015	Yes	Yes	No	Yes	No	No	
05	3c	x1300097k	yellow	10/20/2015	Yes	Yes	No	No		No	
06	4	x13002ED0	yellow	12/17/2015	Yes	Yes	No	No		No	
07											
08											
09											
10											
11											

Line number	9 Submission	10 Probe Deployments			11 Stun Deployments		12 Subject Sex	13 Subject Race	14 DOB
	If the subject submitted to any warning type, did submission continue throughout the duration of the entire incident? **Select:** **Yes or No** *If no, report details in section 1 question 5.*	a. Indicate the number of 2 dart probe deployments. *(If 0, enter 0 and skip to question 11)*	b. Indicate the number of 5 second cycle deployments	c. Did subject submit to probe deployments? **Select:** **Yes or No**	a. Indicate the number of stun deployments. *(If 0, enter 0 and skip to question 12)*	b. Did subject submit to stun deployments? **Select:** **Yes or No**	**Select:** **Male** **Female** **Non-Human (i.e. dog)** If Non-human STOP	*With the exception of Hispanic or Latino consider all race categories as being of non-Hispanic origin* **Select:** **White** **Black** **Hispanic or Latino** **American Indian/Alaska Native** **Asian** **Native Hawaiian or other Pacific Islander** **Two or more races** **Other (please specify on the line)** **Unknown**	Subject date of birth *Leave blank if unknown.* mm/dd/yyyy
EX	*No*	*0*			*2*	*Yes*	*Non-Human*		
EX		*1*	*3*	*Yes*	*0*		*Yes*	*White*	*05/10/1965*
EX	*Yes*	*0*			*0*		*No*	*Native American*	*12/01/1948*
01		1	1	Yes	0		Male	White	04/30/1985
02		0			1	Yes	Male	Black	08/23/1978
03		0			1	Yes	Male	White	04/29/1965
04		1	5	No	0		Male	White	04/29/1965
05		1	1	Yes	0		Male	White	04/29/1965
06		0			0		Male	White	09/27/1986
07									
08									
09									
10									
11									

Need more pages?
Use the following pages to report additional cases. If additional space is still needed, copy the original blank file and complete.

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	List the incident number sequentially (1,2,3). *For incidents with more than one officer or subject use same incident number and chronological letter suffix.*	List the serial number of the ECW weapon that was involved.	Indicate the color of the ECW device.	List the date in which the ECW incident occurred. *mm/dd/yyyy*	Was a warning of any type given at any point during the incident? **Select: Yes or No** *If No, skip to question 9*	a. Was a verbal warning given? **Select: Yes or No** *If No, skip to question 7*	b. Did subject submit to verbal warning? **Select: Yes or No**	a.Was a laser warning given? **Select: Yes or No** *If No, skip to question 8*	b. Did subject submit to laser warning? **Select: Yes or No**	a. Was a spark warning given? **Select: Yes or No** *If No, skip to question 9*	b. Did subject submit to spark warning? **Select: Yes or No**
EX	1	XX12345	Yellow	01/02/2015	Yes	Yes	No	No		No	
EX	1b	C23456	Black	01/01/2015	No						
EX	2	11234DE	Yellow	02/05/2015	Yes	No		Yes	Yes	Yes	Yes
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Line number	9 **Submission**	10 **Probe Deployments**			11 **Stun Deployments**		12 **Subject Sex**	13 **Subject Race**	14 **DOB**
	If the subject submitted to any warning type, did submission continue throughout the duration of the entire incident? **Select:** **Yes or No** *If no, report details in section 1 question 5.*	a. Indicate the number of 2 dart probe deployments. *(If 0, enter 0 and skip to question 11)*	b. Indicate the number of 5 second cycle deployments	c. Did subject submit to probe deployments? **Select:** **Yes or No**	a. Indicate the number of stun deployments. *(If 0, enter 0 and skip to question 12)*	b. Did subject submit to stun deployments? **Select:** **Yes or No**	**Select:** **Male** **Female** **Non-Human (i.e. dog)** If Non-human STOP	*With the exception of Hispanic or Latino consider all race categories as being of non-Hispanic origin* **Select:** **White** **Black** **Hispanic or Latino** **American Indian/Alaska Native** **Asian** **Native Hawaiian or other Pacific Islander** **Two or more races** **Other (please specify on the line)** **Unknown**	Subject date of birth *Leave blank if unknown.* mm/dd/yyyy
EX	*No*	*0*			*2*	*Yes*	*Non-Human*		
EX		*1*	*3*	*Yes*	*0*		*Yes*	*White*	*05/10/1965*
EX	*Yes*	*0*			*0*		*No*	*Native American*	*12/01/1948*
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